

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-042960

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 149

Primary Registration District No. 1002 Registrar's No.

5918

STATE FILE NUMBER

FILED DEC 10 1962

## 1. PLACE OF DEATH

a. COUNTY JACKSON

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN KANSAS CITYLength of stay in lb  
1 MONTHc. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION BAPTIST MEMORIAL HOSP.Inside Limits  
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE KANSAS b. COUNTY Miami

c. CITY OR TOWN BUCYRUS

Inside Limits  
Yes ☐ No ☐

d. STREET ADDRESS (If outside, give location)

Reside on Farm  
Yes ☐ No ☐3. NAME OF DECEASED  
(Type or print)First Middle Last  
JOHN H STUBBINS4. DATE OF DEATH  
Month Day Year  
NOVEMBER 22 1962

## 5. SEX

MALE

## 6. COLOR OR RACE

WHITE

7. Married ☒ Never Married ☐  
Widowed ☐ Divorced ☐

## 8. DATE OF BIRTH

9/23/72

## 9. AGE (last birthday)

90

## IF UNDER 1 YEAR

Months Days Hours Min.

## IF UNDER 24 HR

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Stockman &amp; Rancher

10b. KIND OF BUSINESS OR INDUSTRY

Mfg. Representative

11. BIRTHPLACE (City and state or country)

Golden, Ill.

12. CITIZEN OF WHAT COUNTRY

U. S. A.

## 13a. FATHER'S NAME

Fred Stubbins

## 13b. MOTHER'S MAIDEN NAME

Lena Slassner

## 14. NAME OF HUSBAND OR WIFE

MRS. MABEL STUBBINS

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)  
no

## 17. INFORMANT

MRS. MABEL STUBBINS Bucyrus, Kans.

## 18. CAUSE OF DEATH (Enter only one cause per line for terminal cause only)

## PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

## DUE TO (b)

## DUE TO (c)

Myocardial failure secondary to atherosclerosis. Fracture Rt hip.

## INTERVAL BETWEEN ONSET AND DEATH

10/10/62 to 11/22/62

## PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

## PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☐20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY  
Hour a.m. p.m. Month, Day, Year20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from Oct 10-62 to Nov 22-62 and last saw her him alive on Nov 22-62  
Death occurred at 11:40 P. m on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

## 22b. ADDRESS

## 22c. DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL (Specify)  
Burial

## 23b. DATE

11-26-62

## 23c. NAME OF CEMETERY OR CREMATORY

Mt. Moriah

## 23d. LOCATION (City, town, or county)

Kansas City, Mo.

## 24. FUNERAL DIRECTOR

ADDRESS

1331 BRUSH CREEK

## 25. DATE RECD. BY LOCAL REG.

11-23-62

## 26. REGISTRAR'S SIGNATURE

Ruth Long

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF H. C. Tripp

2:00-4:00  
H. Harwood Alameda  
6247 Broadway Blvd.  
Tulsa, Okla.

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Dean W. Huff

Licensed Embalmer No. 4914  
P. O. Address Tulsa, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.